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PATENT, TRADEMARK
AND COPYRIGHT LAW
FACSIMILE: (703) 684-1157

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Date: May 9, 2007

FACSIMILE COVER LETTER

Facsimile Number: 571-273-8300

To: Examiner J.O. Schell
Group Art Unit 2114, USPTO

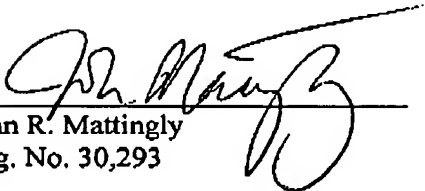
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/787,109
Attorney Docket No.: NIT-413

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and
Amendment.**


John R. Mattingly
Reg. No. 30,293

May 9, 2007
Date

Total Number of Pages (including cover sheet): _____

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Thank you.

Form PTO-1083

Patent

In RE application of T. INOUE et al

Case Docket No. NIT-413

Serial No.: 10/787,109

RECEIVED
CENTRAL FAX CENTERFor: COMPUTER SYSTEM HAVING FAILURE
RECOVERY FUNCTION, AND FAILURE
RECOVERY METHOD THEREOF

Examiner: J.O. Schell

MAY - 9 2007

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|----------------------------------|---------------------------------|---------------|--------------|----------------|----|---------------------------|----------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | | Rate | Additional Fee |
| Total | Minus ** | = | X 25 | \$ | | X 50 | \$ |
| Indep. | Minus *** | = | X 100 | \$ | | X 200 | \$ |
| | | | X 180 | \$ | | X 360 | \$ |
| | | | Total | \$ | OR | Total | \$ |

☐ First presentation of Multiple Dependent Claims

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached for
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

John R. Mattingly, Reg. No. 30,293
Attorney for Applicant(s)

Date: May 8, 2007

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Docket No. NIT-413

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/787,109 Confirmation No. 5067
Applicant : T. INOUE et al.
Filed : February 27, 2004
Title : COMPUTER SYSTEM HAVING FAILURE RECOVERY
FUNCTION, AND FAILURE RECOVERY METHOD THEREOF
TC/AU : 2114
Examiner : J.O. Schell
Customer No. : 24956

AMENDMENT

MAIL STOP: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action mailed March 28, 2007, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of
this paper.

Remarks/Arguments begin on page ____ of this paper.